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LOOE URBAN DISTRICT COUNCIL

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THE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1955

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To The Chairman and Members of the Urban District Council of Looe.

Mr. Chairman, Mrs. Grabb and Gentlemen,

I have the honour to present my Annual Report for the year 1955. From the figures available to me it appears that the health of the community in South East Cornwall was up to the average of the country as a whole during the year. The population as estimated in June 1955 was 51,620 for Health Area No. 7. This represents a decrease of 370 as compared with 1954. The bulk of this fall in population occurred in St. Germans Rural District where the decrease was 360. Minor reductions occurred in Liskeard Rural District, Saltash Borough and Liskeard Borough, that of Torpoint was unchanged, and Looe. Urban District showed a small gain of 40 inhabitants. Live births decreased by 65 with a corresponding fall in birth rate from 15.5 per 1000 in 1954 to 14.1 per 1000 in 1955. This is below the national figure of 15.0 per 1000 for live births. There was a small decrease in the number of still births and in the corresponding rate. The total number of deaths showed a small reduction of 17 over the 1954 figure, with a corresponding slight reduction in the death rate per 1000 of population from 11.4 in 1954 to 11.2 per 1000 in 1955. This latter rate is slightly below the rate of 11.7 per 1000 for England and Wales. The most prevalent cause of death was again heart disease with cancer occupying second place. Of specific types of cancer, that affecting the stomach was most common, followed by cancer of the lung and the windpipe which showed a very small increase over the figures recorded in 1954. Whilst the incidence of cancer of the lung and windpipe was lighter in this Area than in England and Wales, that of other cancers was a little higher. It gives me great pleasure to report that for the second successive year no maternal deaths occurred. A small increase in the total number of deaths of infants under one year of age brought our rate per 1000 live births slightly above that for the country as a whole. In effect for every 40 infants born alive during 1955, one died before reaching its first birthday, and of the 16 infants who died during the year no less than 14 failed to survive the first four hazardous weeks of life.

In recent years much attention has been focussed on the increasing toll of life taken by cancer affecting the lower respiratory tract i.e. the windpipe and the lungs. Suspicion has fallen on many possible causes, of which tobacco and atmospheric pollution are most often written and spoken of. The case against both of these is far from being conclusively proved, but anyone who looks calmly and dispassionately at the relationship between this form of cancer and prolonged heavy consumption of tobacco in the form of cigarettes, must admit that this form of addiction to the drug nicotine, and other undesirable and toxic constituents of tobacco smoke is at best gravely suspect. Against the condemnatory statistical evidence, may be set the difficulty or impossibility of reproducing under experimental conditions any cancers by the use of known constituents of tobacco smoke. It is of course likely that such carcinogenic agents have to operate over a prolonged period - several years perhaps - and short-term experiments such as are now being carried out could not be expected to yield conclusive results. Another puzzling feature of this disease is the very much higher incidence in males. Thus in 1955 in England and Wales the death rate for males was just over six times that of females, although it is thought that women are not very far behind men in their consumption of cigarettes. It is also difficult to explain why cancer of the upper respiratory tract has not increased to the same extent since the tongue, tonsils and larynx of smokers are in contact with the allegedly noxious substances in cigarette smoke. In the past year or two more attention has been given to the possible role of atmospheric pollution in the causation of these cancers. If one thinks of the ever increasing amount of exhaust fumes from petrol and diesel engines which foul the air in towns and cities, one cannot help but be suspicious that prolonged and continued exposure to such contaminants of the air we breathe may damage the human respiratory mechanism.



Indeed many observers believe that the cause lies not so much in one agent as in a combination of harmful agents derived from heavy consumption of tobacco in cigarettes, and the gross pollution of air by internal combustion engines, industrial processes and domestic chimneys. Finally it is worth remembering that whereas we may not be able to deal easily or quickly with air pollution, the decision about heavy cigarette smoking is one which every individual can take for himself or herself, and adolescents and young adults should at least be warned and encouraged to take careful thought before they become addicted to this expensive and possibly lethal habit.

It is pleasant to be able to report an improvement in the incidence of new tuberculosis cases during 1955. The total number of such new cases notified was 33 of which 28 were respiratory and 5 were non-respiratory infections. This is the lowest total of new notifications so far recorded, and is a reduction of 6 on the total for 1954. It is too early yet to form any reliable views on the reduction in the incidence of this disease which has occurred in the past two years in this Area. If we had undertaken some specific or spectacular counter-measures we might expect the good results already evident to continue, but I do not know of any such measures, and am therefore inclined to ascribe the good results achieved to factors and influences unknown to us and outside our control. For this reason it is possible that the improvement of the past two years may not be maintained. It is also likely that as the incidence of the disease is reduced the rate of reduction will slow down as the more resistant hard core of the problem is approached. It is of course possible and indeed probable, that some of the improvement is due to the painstaking and unremitting work of the Chest Physician, Dr. J.C. Mellor, and the Tuberculosis Health Visitor, Miss S.L. Luxton, who collaborates closely with the General Practitioners, and the Health Area Office in the diagnosis and treatment of tuberculosis, and the examination and surveillance of close contacts. The fact that the admission of cases to Chest Hospitals can now be secured without delay must also help considerably in curtailing the spread of infection and hastening the patients eventual recovery. Some time prior to writing this the Medical Research Council published their conclusions on the efficacy of B.C.G. vaccination of adolescent children of school-leaving age. From this it appears that a substantial degree of protection against tuberculosis follows B.C.G. vaccination of those children who would otherwise have been at risk of contracting the disease. It is also well to recall that the protection given is intended to deal with reasonable risks only, and does not give unlimited licence to take stupid and unreasonable risks. The scheme for offering B.C.G. vaccination to children of school-leaving age in this Health Area commenced in 1954, and up to the present some 1200 children have been protected in this way.

The incidence of general infectious disease was almost the same as in the previous year. Although the total number of cases notified fell very slightly from 706 in 1954 to 703 in 1955, the rate per 1000 of population showed a very slight rise from 13.58 to 13.62 per 1000. The most prevalent notifiable disease was measles of which there were 428 cases. Notifications of pneumonia showed a fairly sharp rise from 56 cases in 1954 to 97 cases in 1955. Of the more serious infectious diseases there were seven cases of paralytic poliomyelitis, the largest number since 1950 when 10 cases occurred. With one exception all were mild attacks, and none had a fatal outcome. One case in an adult woman was of moderate severity, with paralysis of upper and lower limbs. The number of cases of food poisoning notified - 8 in all - was small, but unfortunately one infection by the most common food poisoning organism, in a woman of 72, proved fatal. All efforts to trace the precise source of this severe infection failed, although it was thought that rodents, which were reported to be prevalent, may have contaminated the food eaten by this one old person.

The rate of building of new houses by the District Councils slackened considerably during the year. This was due mainly to some reduction in the demand particularly in rural areas, and partly because of impending reductions or abolition of the subsidy on Council houses.



This latter provision does not apply to houses built to replace those dealt with under slum clearance schemes. In an Area in which 60% of the population live in rural districts no great concentrations of slum dwellings exist, and in many instances old, unfit houses can be most expeditiously dealt with as individual unfit dwellings under the provisions of the Housing Act, 1936. Nevertheless in three Urban areas those at Saltash, Torpoint and Liskeard the procedure laid down by the Ministry of Housing and Local Government in December, 1954, would be more appropriately used. A start on these lines has in fact been made in Saltash and Torpoint, and I hope that similar action will soon follow at Liskeard where a fair number of old sub-standard houses exist.

In the sphere of water supply it was encouraging to find a start being made on the intake works and main of the Liskeard and District Water Board. When completed this will enable up to two million gallons of water to be extracted from the river Fowey at Trekieve Steps daily whence it will pass to the Board's treatment plant and storage reservoirs at St. Cleer. When this work is completed there will be an ample supply of pure, treated water available for distribution throughout the Liskeard Rural District to replace the present unsatisfactory and inadequate local supplies. I hope it will not be too long before we see the spread of distribution mains in this, the second largest Rural District in extent in Cornwall.

Most of the Health Area is very badly served in respect of arrangements for sewage disposal, and I regret to say that during 1955 very little progress was made in this matter. The principal reason for this lack of progress is the reluctance of the Central Government to permit capital expenditure on work of this sort, and there appears to be little that can be done at present to modify or change this policy. When in the 19th century the first efforts to provide an effective means of sewage disposal were made, the necessity was based almost wholly on the need to prevent or reduce the appallingly high number of deaths, many of which were caused by primitive arrangements. Now it is less easy to invoke such reasons since the outbreaks of serious disease and fatalities are uncommonly associated with inadequate treatment and disposal of sewage. On the other hand the general sense of disgust and loss of amenity and decency which the indiscriminate disposal of human waste gives rise to is still with us, and indeed this aspect of the problem has been thrown into sharper relief by the general increase in living standards and values, and by the inevitable contrasts which exists between districts in which proper arrangements have been made and those in which they are primitive and unsatisfactory. In my view the necessity for proper means of sewage disposal should be assessed largely on the question of public decency and amenity, and less on its potential threat to health. Crude, untreated sewage polluting land and watercourses may not always menace health, but it is always a disgusting unpleasant anachronism.

The welfare of old persons and particularly of those living in rural areas caused a certain amount of concern during the year. Fortunately it was possible in all cases with one exception to make satisfactory arrangements for the old persons to be cared for. In one case, involving an old lady of 87 years who was suffering from grave chronic disease, and was living alone, it was necessary to take emergency action under the National Assistance (Amendment) Act 1951. Some four weeks after her removal to hospital the old person died. Pressure on accommodation in hospitals for chronic sick continues at a high level, and it is generally not at all easy to find a bed for old persons. In previous years I have observed on the reluctance of close relatives to assume any responsibility for the care of elderly people. Whilst much of this reluctance springs from a general loosening of family ties which accompanies modern civilisation, together with a lessening of responsibility which our Welfare State seems to engender, the older generation must accept some of the blame for the deplorable position in which they find themselves. For many of them old age unfortunately does not bring a serene and balanced attitude to life. They are unable or unwilling to adjust themselves to the changing circumstances and pattern of life about them, and they continue to regard their grown-up sons and daughters as irresponsible children.

Little wonder then that many otherwise decent and responsible younger members of our society find it difficult or impossible to have old relatives living with them. Whilst I deplore the modern tendency to relegate ones old folk to the state owned or aided home or institution, it is well to recognise that in some cases that is for all parties concerned the best and happiest solution.

In concluding this general preface to my reports I should once again like to express to the Members and Officers of the six District Councils I serve my sincere gratitude for the help and co-operation they have given me during the year.

I have the honour to be,

Mr. Chairman, Mrs Crabb and Gentlemen,

Your obedient Servant.

P.J. Fox,

Medical Officer of Health.

LOOE URBAN DISTRICT

Health and Highways Committee

Councillor L. Pengelly .. .. Chairman  
Councillor R.E. Walke .. .. Vice-Chairman

together with eight other Members of the Council

This Committee meets once a month and deals with almost all matters relating to Public Health.

Housing Committee

Councillor G.P. Marshall .. .. Chairman  
Councillor E. Williams .. .. Vice-Chairman

together with six other Members of the Council.

This Committee meets once a month and deals with those aspects of Public Health directly related to Housing.

Health Officers of the Authority

P.J. Fox, M.B., B. Ch., B.A.O., D.P.H.,  
Medical Officer of Health.

J.C. Hicks, C.R.S.I.,  
Sanitary Inspector and Surveyor.



# LOOE URBAN DISTRICT

Area of Urban District	1649.5 acres
Population (Registrar Generals Estimate)	3710
Number of Inhabited Houses	1355
Rateable Value	£44,063
Sum Represented by Penny Rate	£175

## Vital Statistics for 1955

Live Births	<u>Male</u>	<u>Female</u>	<u>Total</u>
	21	23	44
	<u>Looe U.D.</u>	<u>Health Area No 7.</u>	<u>England &amp; Wales</u>
Birth rate per 1000 of population	13.8	14.1	15.0
Still Births	None registered		
Deaths	<u>Male</u>	<u>Female</u>	<u>Total</u>
	29	25	54
	<u>Looe U.D.</u>	<u>Health Area No.7</u>	<u>England &amp; Wales</u>
Death rate per 1000 of population	10.4	11.2.	11.7
Maternal Deaths	None Registered		
Deaths of infants under 1 year of age	None registered		

## Principal Causes of Death At All Ages

Heart Disease	32
Vascular lesions of the nervous system ("stroke")	5
Cancer (all sites)	4
Respiratory disease	4
Circulatory disease	3

## Average Age at Death

<u>Males</u>	<u>Females</u>
74	75

The estimated mid-year population showed a small increase of 40 over last years figure. There was a decrease in the number of births as compared with 1954, and the birth rate remains below the rate for the Health Area and the country as a whole. The death rate is the same as in the previous year, and is again below the national figure. In 1955 heart disease was a somewhat more prevalent cause of death, whilst there was a sharp fall in the number of deaths attributed to cancer from 13 in 1954 to 4 in 1955. The average age at death increased by some 11 years as compared with 1954, with some 63% of the total deaths (male and female) occurring in people aged 75 years and over. For the eighth successive year there were no maternal deaths, and for the first time since 1950 no infant deaths occurred.

Infectious Disease. During 1955 the number of cases of infectious disease notified was 65, a reduction of 61 on the 1954 total. The most prevalent diseases were measles - 36 cases - and pneumonia of which there were 20 cases. In contrast to 1954 when a small outbreak of Sonne dysentery occurred in the spring, one case only of this disease was notified during 1955. No cases of the more serious types of notifiable disease occurred, and there were no deaths resulting from infectious disease



The following are details of cases and case rates of infectious disease during the year:-

<u>Disease</u>	<u>Cases</u>	<u>Rates per 1000 of population</u>	
		<u>Looe U.D.</u>	<u>HEALTH AREA NO 7.</u>
Measles	36	9.70	8.29
Pneumonia	20	5.39	1.88
Whooping Cough	6	1.62	2.17
Dysentery	1	0.27	0.12
Food Poisoning	1	0.27	0.15
		<u>Rate per 1000 total births</u>	
Puerperal pyrexia	1	22.73	4.62

Tuberculosis During 1955 the incidence of tuberculosis was relatively low, two cases only being notified. One of these was of respiratory tuberculosis, the other a non-respiratory infection, and both occurred in persons in the 45-65 year age group. No deaths from tuberculosis were registered during the year.

The following are details of new cases, and case rates for the year 1955:-

<u>Age Group</u>	<u>New Cases</u>		<u>Deaths</u>	
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
0 - 1	-	-		
1 - 5	-	-		
5 - 15	-	-		
15 - 45	-	-		
45 - 65	1	1	No deaths Registered	
65 and over	-	-		
Total	1	1		

	<u>Rates per 1000 of population</u>	
	<u>Looe U.D.</u>	<u>Health Area No. 7.</u>
New Cases	0.54	0.64
All known cases	6.47	6.82
Deaths	-	0.08

At the end of 1955 there were 20 known cases of respiratory tuberculosis, and 4 known cases of non-respiratory tuberculosis resident in the Urban District.

National Assistance Act, 1948 No action under Section 47 of this Act was called for during 1955.

Water Supply. All water supplied by the South East Cornwall Water Board through the Council's mains was of good quality, and was adequate in amount. Some old local sources of supply, used before the advent of piped water and possibly still used to a small extent were sampled during the year, and all showed bacterial contamination in greater or less degree. Notices warning the public of the unsuitability of these supplies have been erected.

Sewerage and Sewage Disposal. The existing unsatisfactory practice of discharging crude sewage from the greater part of the town into the Looe River continued during 1955. The increasing popularity of Looe as a seaside resort both for resident holiday makers, and day trippers has aggravated the problem during the summer months and there is no doubt that under certain conditions of wind, and tide, beaches and coves in the vicinity of the town, and river mouth suffer from fouling by this untreated sewage. In pointing out this admittedly unsatisfactory state of affairs, I am not unmindful of the expense and difficulty involved in providing a solution, nor of the fact that the Council is aware of and exercised about the problem.

On the East Cliff Estate, where drainage to septic tanks was proving a source of nuisance, good progress on a comprehensive scheme to serve the whole estate was made, and it should come into use during the early part of 1956

Food. Although it was again not possible for the Sanitary Inspector to devote an adequate amount of time to the inspection of the large number of concerns handling and serving food in Looe, the fact that one case only of food poisoning occurred shows that a reasonable standard of care and cleanliness was attained by food handlers and in the premises concerned. The one case notified was in a visitor who was taken ill when passing through Looe and it is likely that he was infected before reaching Looe.

In spite of the generally good record the town has displayed in recent years in being free of food poisoning I hope it will be possible in 1956 to appoint an Additional Sanitary Inspector to help in the important work of inspecting and advising owners and employees of hotels, guest houses, cafes, licensed premises and food shops on the subject of food handling.

Housing. The year 1955 saw a further fall in the rate of building of Council houses, when four houses, seven flats and one shop were completed on the Sunrising Estate. Since the end of the war some 128 dwellings have been provided on this Estate, and further development of this Estate is not contemplated at the present. There was some reduction in the amount of private house building. This is not surprising in face of the heavy cost of building a house under private enterprise arrangements, but in spite of this handicap, and the upward trend of interest rates on loans, seventeen houses were built during the year.

#### Factories Acts, 1937 and 1948

No difficulties in the operation of these Acts were experienced during 1955.

#### Report of Sanitary Inspector.

This report by Mr. J.C. Hicks, C.R.S.I., follows. I should again like to place on record my appreciation of the co-operation and help I have had from Mr. Hicks at all times throughout the year.

REPORT OF MR. J.C. HICKS, SANITARY INSPECTOR

Factories, Workshops and Bakehouses

These were periodically inspected:

1. Inspections for purposes of provision as to health (Including inspections made by Sanitary Inspectors) Factories Act, 1937

	<u>No on Register</u>	<u>Inspections</u>
( i) Factories in which sections 1,2,3, 4 and 6 are to be enforced by Local Authorities	8	18
( ii) Factories not included in (i) in which section 7 applies	-	-
(iii) Others	<u>3</u> 11	<u>8</u> 26

2. Cases in which defects were found

<u>Particulars</u>	<u>Defects Found</u>	<u>Defects Remedied</u>	<u>Referred to H.M. Inspector</u>
Want of Cleanliness (S1)	-	-	-
Ineffective drainage of floors	1	1	-
Sanitary Conveniences	2	2	-
Other	<u>-</u>	<u>-</u>	<u>-</u>
	3	3	-

WATER

A satisfactory supply has been maintained by the South East Cornwall Water Board during the year.

Several samples of water were taken from streams etc., which have sometimes been used by the public. The results were as follows:-

- 21.7.55 Sample taken from Stream at Old Mills.  
-showing evidence of gross bacterial pollution.
- 10.8.55 Tap in Shutta Road - (old supply to East Looe, now disused  
except in an emergency)  
- Slight Bacterial contamination.
- 10.8.55 The Shute, West Looe - (old supply to West Looe, used by  
a few residents in case of emergency)  
- Moderate degree bacterial contamination
- 12.9.55. Two samples taken - one from Shutta Road and one from the  
Shute - Similar results as previous samples.

In view of the above results warning notices were erected immediately informing the public that the water was unsuitable for drinking.

One sample was taken from the Wayland Reservoir which is used by the Canning Factory and this proved to be satisfactory.

REFUSE COLLECTION

The number of premises from which Refuse is collected is 1596, the collection being weekly in the Winter and twice weekly in the summer. The disposal of Refuse is by Incineration.



## INSPECTION OF DWELLING HOUSES

Total number of dwelling houses inspected for defects etc.	59
Other, i.e. drainage etc	27
	<u>86</u>

## INSPECTION OF FOOD PREMISES

Hotels and Cafes inspected	19
Shops etc	<u>3</u>
	22

## SECTION 14. FOOD AND DRUGS ACT

During 1955 - 72 samples of Ice Cream were taken for evidence of bacterial contamination, the results being:-

35 Samples Grade 1
6 Samples Grade 2
15 Samples Grade 3
4 Samples Grade 4
12 Samples did not reach the laboratory

## FOOD CANNING

During the year the following pilchards were dealt with at the local Canning Factory:-

14 oz Oval Cans	627,616
7 oz Oval Cans	1,604,642
No 1 Tall Cans	5,606
6 oz Tall Cans	<u>91,694</u>
	<u>2,329,558</u>

## CONDEMNED FOOD

The following is a list of the food which has been condemned as unfit for human consumption during the year:-

22 Tins Tomato Puree
2 Hams - Weight 19 lbs
49 Tins Various Food

J.C. HICKS

Surveyor & Sanitary Inspector  
Looe U.D.C.

# APPENDIX 1

## PRINCIPAL CAUSES OF DEATH - ALL AGES- 1955

DISEASE	ST. GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA No. 7
Heart Disease	72	61	32	16	63	32	276
Cancer (all sites)	28	30	20	13	18	4	113
Vascular lesions of the nervous system ("stroke")	32	12	15	5	17	5	86
Respiratory disease	23	14	8	2	2	4	53
Circulatory disease	11	7	4	4	2	3	31
Accidents	5	6	3	1	3	1	19
Genito-urinary disease	4	5	4	1	2	1	17
Digestive disease	2	3	2	2	1	1	11

# APPENDIX 2

## TYPES OF HEART DISEASE AND CANCER CAUSING DEATH, 1955

TYPE OF DISEASE	ST. GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA No. 7.
Coronary disease							
angina	25	17	10	3	4	10	69
Hypertension with heart disease	8	6	3	2	1	2	22
Other heart disease	39	38	19	11	58	20	185
Cancer of stomach	8	6	4	4	2	-	24
Cancer of lung and bronchus	3	3	4	1	2	1	14
Cancer of breast	3	5	-	2	2	-	12
Cancer of uterus	1	2	-	1	2	-	6
Other cancers	13	14	12	5	10	3	57

# APPENDIX 3.

## DEATHS BY AGE GROUPS - 1955

DISTRICT	0-5 Years	5-15 Years	15-45 Years	45-65 Years	65-75 Years	75 Years & Over	All Ages
ST. GERMANS R.D.	5	1	7	35	57	108	213
LISKEARD R.D.	8	1	5	28	39	75	156
SALTASH M.B.	2	-	6	16	23	50	97
TORPOINT U.D.	2	-	3	10	11	22	48
LISKEARD M.B.	1	-	2	12	29	68	112
LOOE U.D.	-	-	-	11	9	34	54
HEALTH AREA NO 7.	18	2	23	112	168	357	680

# APPENDIX 4.

## AVERAGE AGE AT DEATH - 1955

DISTRICT	MALES	FEMALES
ST. GERMANS R.D.	68	74
LISKEARD R.D.	64	72
SALTASH M.B.	70	72
TORPOINT U.D.	61	73
LISKEARD M.B.	73	77
LOOE U.D.	74	75
HEALTH AREA NO. 7.	68	74

APPENDIX 5.TUBERCULOSISNEW CASES AND DEATHS IN HEALTH AREA NO.7 -1955

<u>AGE GROUP</u>	<u>NEW CASES</u>		<u>DEATHS</u>	
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
0 - 1 YEAR	-	-	-	-
1 - 5 YEARS	1	-	-	-
5 -15 YEARS	1	-	-	-
15 -45 YEARS	8	9	1	1
45 -65 YEARS	7	5	1	1
65 YEARS AND OVER	1	1	-	-
TOTALS	18	15	2	2

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
NEW CASE RATE PER 1000 OF POPULATION	0.35	0.29	0.64
MORTALITY RATE PER 1000 OF POPULATION	0.04	0.04	0.08

CASE RATES AND MORTALITY RATES PER 1000 OF POPULATION  
IN THE SIX COUNTY DISTRICTS IN HEALTH AREA NO. 7 -1955

<u>DISTRICT</u>	<u>NEW CASES</u>	<u>ALL KNOWN CASES</u> <u>AS AT 31. 12.55</u>	<u>DEATHS</u>
ST. GERMAN'S R.D.	0.69	6.75	0.06
LISKEARD R.D.	0.36	5.70	0.14
SALTASH M.B.	0.67	6.84	-
TORPOINT U.D.	1.45	8.21	0.16
LISKEARD M.B.	0.23	8.97	-
LOOE U.D.	0.54	6.47	-
HEALTH AREA NO. 7.	0.64	6.82	0.08





